1 D 13-12b Correspondence - External 1949-1966

(re neg admin and education)

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA
PHILADELPHIA 4

ELIZABETH C. BERRANG
DIRECTOR

January 31, 1949

Miss Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service
Massachusetts General Hospital
Boston 14, Massachusetts

Dear Miss Sleeper:

Your letter regarding hospital charges has been referred to the Administration Office for reply.

Charges on our ward service, which includes 67% of the hospital's beds, are set up on an inclusive basis. This inclusive rate consists of a room and board charge of $8.50 per day and a charge for all special services of $31.50 for the first week. After the first seven days, only the room charge applies. The inclusive charge of $91.00 for the first week and $8.50 per day thereafter covers all services with the exception of blood transfusions.

Room charges range from $8.50 to $12.00 per day for semi-private and from $12.50 to $25.00 per day for private accommodation - the mediums being $11.00 and $17.00. Operating and delivery room charges are:-

	Private	Semi-Private
Major operation	$25.00	$20.00
Minor operation	$16.00	$12.50
Delivery room	$18.00	$15.00

X-ray charges for private and semi-private patients are determined by the X-Ray Department on the basis of the nature and extent of the examination or treatments involved.

Fees for special duty nursing are paid directly to the nurse by the patient. The present rate is $9.00 per eight hour duty.

If you wish any further information, please let us know.

Sincerely,

Elizabeth C. Berrang

Elizabeth C. Berrang
Director

ecb/jfm

February 13, 1960

Miss Almeda Martin
Director of Nursing
Lenox Hill Hospital
New York 21, N. Y.

Dear Miss Martin:

Long ago you wrote asking about our methods of dealing with disciplinary problems of a social nature. This, except in those very rare instances when additional help is needed, is in the hands of the Student Organization. The regulations for the residence including the late leaves and overnights are laid down in part by the faculty and in part by the students. Those that are laid down by the faculty, that is the number of leaves which a Class may have, are accepted by the students as a part of their residence policies. They then try to enforce these regulations. They check the leaves, and report the infractions of the regulations to their Dormitory Board which deals with minor offenses, but passes on the repeaters or the major offenses to the Judiciary Board where the more severe penalties are set. On both of these Boards a faculty representative sits elected by the students.

On the Student Council a Counselor is an ex officio member and two members of the faculty also are elected each year. I do not, except on very unusual situations or on special invitation, go to any of these meetings, except the Student Mass Meeting which is held about every two months. Before the Mass Meeting the President of the Student Association comes to see me, discusses anything she wishes to about the meeting, and invites me to either speak on some special topic related to their concern, or to speak in general as I choose. In other words, they always feel free.

I would hate very much to see us set up specific penalties for specific infractions because when things like that grow routine I think it does not help. A copy of the Student Handbook includes the Student Organization and its regulations. I am having one put in the mail for you. I hope it is not too late to be of some assistance.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Saint Luke's Hospital
915 East First Street
DULUTH 5, MINN.

SCHOOL OF NURSING
Office of the Director

August 9, 1960

Miss Ruth Sleeper, Director
Massachusetts General Hospital, School of Nursing
Fruit Street
Boston 14, Massachusetts

Dear Miss Sleeper:

Due to a recent reorganization of our hospital's total nursing department, we of the school of nursing are presently in the process of reorganizing our faculty group. Whereas formerly we had separate Directors of Nursing Service and of the School of Nursing, we now have a Director of Nursing in charge of both service and education with Associate Directors in each of the two areas.

We would appreciate receiving from you an organizational plan of your nursing education department and its committees and how they relate to the department of nursing service. We are also desirous of receiving a copy of your faculty organization's constitution and bylaws so as to help us better understand the relationships between the faculty and nursing service groups.

Thank you so very much.

Sincerely yours,

(Miss) Joyce Jackson

(Miss) Joyce Jackson, R.N.
Instructor, Med-Surg. Nursing
Co-chairman, Faculty Reorganization Committee

JJ:sd

September 27, 1960

Miss Joyce Jackson, R.N.
Instructor, Med-Surg. Nursing
Co-chairman, Faculty Reorganization Committee
School of Nursing
Saint Luke's Hospital
Duluth 5, Minn.

Dear Miss Jackson:

We reorganized the Nursing Department over ten years ago, but at that time we set up a Nursing Service and a School of Nursing as more or less autonomous units, cooperating together in the total program, with a Director of Nursing who is the overall officer for both. This is the only dual position in the organization.

At the moment I cannot send you an organizational plan which would meet your needs. We have only at the moment a line organization on paper. The Hospital has hesitated to try to put too much by way of organization on paper, lest this freeze and thereby inhibit the free interaction which now goes on. However, we know we must have one since the Accrediting Criteria calls for it, and we shall be developing a plan on paper which will show the interrelationships and the committee relationships too. At the moment I can only say to you that I hope you will find your new plan of organization as satisfactory as we have found ours. A copy of the Constitution and By-Laws is enclosed.

Our relationship to Nursing Service is close and positive. We have a Coordinating Council on which sit the administrative members of each group; that is the Associate Director and Assistant Directors of Nursing Service (of which there are seven not counting the Associate) and the administrative group of the School which includes both Assistant and Coordinators. The Coordinators are Science, ~~and~~ Nursing for the First Year, Nursing for the Second Year, and Nursing for the Third Year.

We have much to iron out, much to do by way of joint meetings with Head Nurses, Supervisors and Teachers, in order to make clear the functions and responsibilities of both groups, but now these are clarified, the policies are understood, the Nursing Service has great interest in the School in spite of the fact it is not one of its primary responsibilities, and the plan, with day-to-day problems of course, really seems to be very satisfactory.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

FEB 21 1961 Mon

AMERICAN ASSOCIATION OF INDUSTRIAL NURSES, INC.

170 EAST 61ST STREET • NEW YORK 21, NEW YORK • TEMPLETON 8-7625

President
MARGARET L. STEELE, R.N.
American Brake Shoe Company
Brentwood 17, Missouri

Executive Director
ELLA G. CASEY, R.N.

February 20, 1961

TO: The Director of Nursing Education

FROM: The American Association of Industrial Nurses, Inc.
Committee on Education
Clara D. Simminger, R.N., Chairman

The American Association of Industrial Nurses has for some time had a deep concern for better preparation of nurses in the field of occupational health. The Association is cognizant that many schools of nursing are including occupational health concepts in the basic curriculum. Requests have come from faculty members of schools of nursing for assistance in integrating these basic concepts in the basic curriculum, and in arranging for practical experience or periods of observation in occupational health services. Since we are aware that there are various types of programs in existence today, we are most anxious to find out just how many there are in operation, and the extent to which these programs have been developed, both on the undergraduate and the graduate level. We, therefore, are asking your cooperation and participation in a survey of educational opportunities for the prospective nurse in industry and/or for the nurse already employed in industry. If you include occupational health nursing in your basic curriculum or if you identify occupational health nursing in any manner, will you share this information with us.

We plan to publish the results of the survey in the American Association of Industrial Nurses Journal. Ultimately, this information will be helpful to those schools of nursing who are interested in implementing occupational health nursing in their program.

Articles on mental/emotional health used in mental health as are other journals
Vocational guidance
Could not do right from beginning - so only mentioned as above

March 6, 1961

Miss Clara D. Simminger, R.N.
Chairman, Committee on Education
The American Association of Industrial Nurses, Inc.
170 East 61st St.
New York 21, New York

Dear Miss Simminger:

Actually I do not have very much to report to you. In our three-year school we make no effort to produce industrial nurses. Neither do we try to produce a public health nurse.

We do try to give the students some basic concepts in the total care of the patient which includes knowledge of the available agencies for care in the community, some health education, and some basis for assisting in the continuity of care program which the Hospital hopes to provide for its patients. There is also mention of public health nursing and industrial nursing as fields for careers, and at this time in the vocational guidance segment of the Professional Adjustments course reference is made to the need for advanced education to fulfil the requirements for these two fields. We use some articles from Journals which deal with industrial nursing as such when we are discussing careers. We use, of course, articles in Mental Health which are sometimes based in part on studies in industry, but not attempt to teach industrial nursing.

I am sorry that I have nothing more to offer you. We feel very strongly that this is all that should go into the diploma program.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Rockford Memorial Hospital
2400 NORTH ROCKTON AVENUE, ROCKFORD, ILLINOIS

AUG 30

August 25, 1961

Dean A. Clark, M. D.
General Director
Massachusetts General Hospital
Fruit Street
Boston 14, Massachusetts

Dear Dr. Clark:

As a part of an increasing emphasis which is being placed upon the educational role of this Hospital, I am at the present time investigating the possibilities of increasing the amount of scholarship and other forms of student assistance available in our School of Nursing. In view of the interest in some quarters for government aid to nursing education and student nurses, it is my thought that not enough has been done on a private, voluntary basis to assure that capable girls are not denied the opportunity to pursue careers in nursing due to financial reasons.

As tuition and room and board charges are increased to more nearly balance out with educational costs, the matter of financial assistance for individual students is, for the first time, becoming a problem in a significant number of cases. In our situation charges to the student have quadrupled in the past three years from $300 to $1,200 for the complete diploma program. In spite of this increase in charges to the student, and allowing for the value of student service, the patient still pays almost one-half of the cost of nursing education at our Hospital. As further adjustments in favor of the patient are made, the need for student aid will become more acute.

Your hospital and School of Nursing are well recognized as leaders in their respective fields and I am much interested in knowing something of your scholarship and assistance programs and your thoughts as to their importance. Thank you in advance for such help as you are able to offer. I will be pleased to pass on to you a summary of findings and conclusions when our study is completed.

Sincerely,

S. F. Masson
Director

SFM/jj

November 2, 1961

Mr. S. F. Masson
Director
Rockford Memorial Hospital
2400 North Rockton Avenue
Rockford, Illinois

Dear Mr. Masson:

Your letter written to Dr. Clark about two months ago is certainly very late in being answered. I trust that whatever suggestions I can give you now will be of interest if not of any real help in your study.

Last year we completed a Cost Study for our School of Nursing as a part of the Costs of Schools of Nursing being conducted by the National League for Nursing. At that time we found that our students cost, after tuition and contribution to patient care had been deducted, about $1,100.00 per year: that is, per student $3,300.00 over and above all student contributions for the three-year program. On this discovery, which was not a surprise by any means, it was decided that we should increase our fees, and that the tuition which had been $500.00 for the three years was increased to $1,100.00. As this increase was announced in March when our class was for the most part appointed, we were allowed to make rather liberal remissions of tuition for students who demonstrated a real financial need.

We used the form for application for scholarship as put out by the New England College Board. This is a very comprehensive form and gave really a very good picture of the family's ability to pay, that is presuming that the family gave us correct information. We had preceded the use of this form by an anonymous, confidential, survey of family income to which we had a reply of over %66.

We gave in all to the entering and enrolled students about $10,000.00 in remitted tuition. Our School by the way enrolls approximately 350 students. This was given in amounts usually of $200.00, but there were some $100.00, a few $300.00, and I think two $400.00. We gave almost no cash, as our scholarship fund is small, and there was only $400.00 income from that

fund. This was, however, given in cash to students whose needs seemed greatest. A large school, of course, has possibilities for spreading certain costs, and perhaps this is in our favor.

I think that the best information about this will be found for you in the Cost Study conducted by the National League. However, I would of course be interested in your study and its findings if you wish to share them.

The Trustees also, I should add, established a Loan Fund on a highly business-like basis, but only five entering students took advantage of this fund. A copy of the plan for this is enclosed.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

February 14, 1962

Miss Eileen Ginley Catherine Laboure School of Nursing
90 Cushing Avenue
Dorchester, Mass.

Dear Miss Ginley:

I am going to try to answer your questions, but it may very well be that you will wish to get in contact with the Student Organization here for further follow-up. The President of the Student Nurses Cooperative Association is Thelma Wells. The Chairman of the Dormitory Board is Brenda Itchkawich. We depend very heavily upon our Student Organization for cooperation in problems of discipline. In fact, we expect it to take considerable initiative and leadership.

1) "Who handles student offenses?" Student offenses in the residences concerned with late return to the dormitory beyond the permitted time, too many late leaves or overnights taken beyond the allowed number, excess noise, untidy laundry rooms, kitchens, etc., are the responsibility of the Dormitory Board. A copy of the Student Handbook is being put into the mail for you so you will see the composition of this Board. Each residence, of which we have four for student nurses, has a House Committee. This committee deals in part with problems of the dormitory, but not especially with disiplinary problems. Each house has a Head Proctor and one or two Proctors on each floor depending upon the size of the floor. The Proctors and Head Proctors are held responsible for good conduct in the house. The Chairman of the Dormitory Board plus a representative from the house go to the monthly meetings of the Dormitory Board on which also sit the Supervisor of Residences and one member of the faculty. This particular faculty member is appointed. The Supervisor of Residences is a member of the Board in full standing because of her position. At the Dormitory Board meeting the offenses, or the failures to comply with regulations as we choose to think of them, are reported. Minor ones are dealt with by the Board itself. Major ones are referred to the Judiciary Board which is a higher body composed of students plus two faculty representatives. This Board deals with the repeated offenses, or with the more serious ones. Both the Dormitory Board and the Judiciary Board make every effort to have the penalty fit the offense. For instance, if a girl is not able to get in on time and is chronically late in signing in then her punishment has to do usually with some form of penalty which will be a reminder. She may be required for a period of time always to come in an hour earlier than she would normally be allowed. If she has taken too many late leaves or overnights then the penalty would probably be restricted numbers. She may be campused if the lack of cooperation persists. In very extreme situations where the students feel there is a moral problem involved she may be referred to the Director of the School.

We do believe that this system is effective. It is not perfect, but we think the values in it lie in the fact that the students grow in responsibility for themselves, and this growth is more positive and more rapid than that which could be achieved under faculty supervision.

The rules in the School are for the most part made by the students. However, it is the faculty which approves the rules having to do with dormitory activities, and thus far it has always been the faculty who have proposed a more generous number of privileges. However, the students vote to accept or not to accept these privileges before they are made part of the Student Organization pattern. I think you will see how it works when you get the Handbook.

I know that either Thelma Wells or Brenda Itchkawich would be glad to be of further help to you if this is possible.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

Many believe that this system is effective. It is not perfect, but we think the value in it lies in the fact that the students grow in responsibility for themselves, and this growth in most positive and more rapid than was which would be achieved under family supervision.

Problems in the School are for the most part made by the students. However, it is the faculty who approves the rules looking to the with domestic relations, and thus far it has always been the faculty who have proposed a more permanent order of difficulties. However, to students who to assist or work to remove these difficulties (show that are made part of the student organization or problem. I think you'll see how it works when you get the handbook.

I hope that answer these things. Please let me know if we would be glad to be of further help, if we can if this is possible.

Sincerely yours,

Ruth Janeway, M.D.
Director of the School of Nursing
and Health Service

May 7, 1962

Miss Laurene Gilmore
Assistant Director
Nursing Education
Birmingham Baptist Hospital
School of Nursing
1128 South 22nd St.
Birmingham 5, Alabama

Dear Miss Gilmore:

It was really good to get your letter but it came to us slowly because for some reason or other it got put into a Johns Hopkins envelope and so went to them, and then was forwarded on to us. I presume this is the kind of thing that many of us do when we are in a hurry, and then cannot ourselves quite figure out why. However, it came and now I am glad to try to write you about it.

We, ourselves, have considered various way of recognizing the superior students. We have talked about the possibility of a Deans List, only we would have to call it by some other name, since we do not have Deans, but some way in which the superior student whose achievement was evident both in the classroom and in her clinical practice could be recognized. However, each time we have gone over this the faculty has wondered if we yet were able to supervise the students on the wards to the degree where this would be completely fair, and second whenever this has been discussed with the student groups they have always reacted so strongly against such a list that we have tended to momentarily put the idea aside. I think we should not be influenced by them quite so strongly, but we were because we were not ourselves sure enough of the rightness of the process projected.

Actually, we have no written plan for the superior student. We do admit in most classes several students with two years of acceptable college preparation, and occasionally, although we try not to, a college graduate. We try to steer the college graduate into the program which we still have with Radcliffe College which admits only college graduates. However, this is much much more expensive, and consequently the college woman who wants nursing but who cannot afford the high costs of advanced education looks at the three-year plan and sometimes chooses that. What we do try to do is something in the way of added, or broader, or more

advanced assignments which will stimulate the superior student, or the student with added pre-nursing preparation to reach out for further knowledge and challenge. Some times this works very well. Other times it doesn't. Right now, for example, we have a very superior young woman who is a graduate of Bates College. She has a good mind, an excellent college background in liberal arts, but almost no science. When I talked with her quite unofficially recently about how she was coming on, and whether or not she felt challenged in the midst of these eighteen year old girls, her answer was "I have had so little science that I find myself so absorbed in trying to get the science background I need, that as yet I have not had time to reach out in other directions." Now here is one who definitely will be able to, and we must therefore see, when she gets over the science hump, what we can do with her.

Since we have no program for the superior student, we have never tried to indicate superiority except as this shows up in the quality point ratings. We translate our grades into quality points, and this means a student must have at least a C equivalent in quality points in order to graduate. If she has a 4 quality point rating she is definitely superior. If this is in her classes only she rates in that respect certainly as superior, and few on the whole of our students get there. If she rates by chance both in her classes and in her nursing practice as a 4, she is definitely a superior student. In all probability, if she has been a good school citizen, she would be the one who would be recognized by the students at the time of Senior Capping, and perhaps by the Faculty. This fall we are trying to institute a different plan so the Faculty will make some recognition of the outstanding student at the beginning of the Senior year. I would say the 4 quality point would be a summa cum laude. A B student with us would be a cum laude. She would be on the Dean's list. A straight B is very difficult for our students to get with our present system of grading.

If you find out anything I should certainly be interested in it because I think this is one of the most difficult things for us in the three-year schools.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

July 12, 1962

Miss Marguerite Koderl
Director of Nursing
The Rochester General Hospital
Westside Division
501 Main Street West
Rochester 8, New York

Dear Miss Koderl:

Enclosed is a copy of the questionnaire which we sent to families. We modeled this after the questionnaire sent out by a college with which we have a reasonably close relationship.

We received very interesting returns from this. As I remember it about two thirds of the parents replied. We had many interesting comments, mostly indicating understanding of the need to increase fees, a few commenting on the fact that the students more than earned everything they got, and some on the costs of hospital care. All in all the response was excellent. We found the results very helpful, indicating that the families could for the most part carry the increased tuition (we went from $600.00 to $1,100 for the three years), and we also learned that there was a significant number who would need scholarship assistance. We find as time goes on that obviously some of the lower income group were among those who did not reply, but there were also some of the higher income group who did not reply. I trust you will find the letter and the questionnaire helpful.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

Encs.
RS:BF

THE ROCHESTER GENERAL HOSPITAL
WESTSIDE DIVISION
501 Main Street West
ROCHESTER 8, NEW YORK

June 8, 1962

Miss Ruth Sleeper
Director of Nursing
Massachusetts General Hospital
1811 Fruit Street
Boston 14, Massachusetts

Dear Miss Sleeper:

At the recent meeting of Member Agencies of the Department of Diploma and Associate Degree programs, you alluded to a study which you conducted in your own school. It concerned a questionnaire sent to parents of students to find out their financial resources for meeting the cost of tuition and fees of the school of nursing. I believe you said that the information obtained helped the school to set reasonable rates and to estimate the amount of loan and scholarship funds which should be available.

If you feel it proper to share any of the details about your study it would be deeply appreciated as we also are trying to strike a balance between costs to the hospital and costs to the student and her family.

I could not close this letter without saying that I have attended many meetings at which you have presided, and never fail to wonder at the skill, tact and wisdom with which you manage them, especially when feelings run high and some of us are plain "ornery". It is a delight to see you in action, and I truly believe that you have no one to surpass except yourself.

Sincerely yours,

Marguerite Koderl

Marguerite Koderl
Director of Nursing

MK:ew

The Memorial Hospital

119 BELMONT STREET
WORCESTER 5, MASSACHUSETTS

WINTHROP B. OSGOOD, M. D.
Administrator

Miss Ruth Sleeper, R. N.
Director of the School of Nursing
and Nursing Service
Massachusetts General Hospital
Fruit Street
Boston, Massachusetts

Dear Miss Sleeper:

I am writing for a group of Trustees representing four Worcester Hospitals not including Worcester City Hospital. This group recently discussed, with a great deal of interest, the possibility of some means of extending or including an internship or a period of concentrated clinical work on the wards, thinking in terms of getting more return for the cost of nursing education. I personally know the pros and cons of education versus service. The Trustees know of your program whereby the student in her third year interns on the ward, receiving some renumeration. They asked if I would write you as to your opinion of this type of program. I believe, however, that you have discontinued it and have a new arrangement or a new approach with Northeastern University.

Would you share some of your thinking with us on this subject of internships in light of getting, perhaps, more return for the hospital's investment. If you have written on the subject, and I believe you have, please refer me to your article or to any article on the subject.

I know you are very busy and I do not want to ask for too much of your time. However, we in the Worcester area respect and value your judgment very much in the field of nursing education.

Sincerely yours,

Winthrop B. Osgood

Winthrop B. Osgood, M. D.
Administrator

WBO:apl
August 10, 1962
cc: Dr. John Knowles

October 2, 1962

Winthrop B. Osgood, M.D.
Administrator
The Memorial Hospital
119 Belmont St.
Worcester 5, Mass.

Dear Dr. Osgood:

Unfortunately your letter came during the time I was on vacation, and events have moved so fast since my return that I am just now getting at some of my correspondence.

We have had a two-one program here for some time. Actually, it grew out of the Cadet Nurse Corps which was in operation during the second World War. Into the first two years we have placed a concentrated nursing education program. Although during these two years the students make some contribution to patient care as they learn, the emphasis is on learning. At the end of the second year the students change caps to indicate that they are now ready for a different kind of responsibility, and instead of being assigned to patient care by teachers, and their free hours planned by teachers, they are now assigned, their hours planned, and their evaluations written by the head nurses. In a sense they are "internes" in that they are responsible for more of their own learning. On the other hand, we do have a conference program which follows through approximately thirty weeks of the senior year, four hours per week. These senior students have for the first time their evening and night assignments, they have experience on the intensive care units, we try to send them to some area such as The Phillips House or some other special service which will be quite a new experience in order to observe their adjustment under more unusual demands, and they have a general medical-surgical experience which gives them opportunity to brush up this knowledge since their medical-surgical experience otherwise is only in the first year.

We have liked the internship very much. We have felt that it developed the students. In fact during the first five years in which we operated in this manner we used the Graduate

Nurse Qualifying Tests of the National League for Nursing, testing the students at the end of the student period and again just prior to graduation. We found that the students were on the whole good at the end of the second year, but there was growth in all areas except in obstetrics (of which we have none here) during the third year of concentrated practice.

Because we were planning this during the years of the Cadet Corps, and because we saw the positive effects of the allowance given to the senior group in the Cadet Corps, we continued a stipend during the internship year. The stipend is $30.00, the same amount the Cadet Corps student had, and we have never changed this although graduate nurse pay has changed. We do not want to relate this to pay, but rather for them to see it as a stipend which acknowledges the fact they are carrying a significant amount of nursing service.

At the same time that we made provisions for the student to grow professionally and to have some economic freedom to plan, we very much relaxed the residence regulations so that they would begin to use good judgment too in their social lives.

I think we have made progress in all areas. I know that the Accrediting Service of the National League for Nursing does not look upon the term "internship" with favor. They think it is a misnomer. However, if they feel strongly about this there is no reason why we cannot have a period of either supervised or concentrated practice at the end of our program, providing we have done an adequate job in the first two years in providing a sound educational plan. It would not be possible for us to give the kind of educational program we give in the first two years if the students were to carry a full ward assignment. The first six months approximately the student week is a twenty hour week because it is largely classes and laboratory periods. From then on and through the second year in the home school the student has three ward day assignments, twenty-four hours total, two class days during which she has a maximum of twelve hours of class, and the remaining two days left free. If we were to revamp our class program it would without doubt be necessary to reduce the ward practice. In order to make the most of these three ward days we supply one instructor to approximately six students on the wards. In other words, the students are on the wards three days in two groups so that the students cover so-to-speak a span of six days on the wards. The instructors are there for five. The students rotate so that one week half of them have a teacher with them for three days and the next week for two. The third day then is directed according to School requirements by the head nurse.

We would be glad indeed to have some of your faculty visit us if they wish to do so, and try to explain the philosophy as well as the program to them.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF
cc: Dr. John Knowles

THE JOHNSON'S
66 SPRAGUE STREET
DEDHAM, MASS. 02026

May 17, 1964

Dear Madam:

We were discussing the shortage of nurses at one of our club meetings a short time ago, and one of the members made a statement that there would be no shortage of nurses, if student nurses received a salary while in training, but since they did not, it acted as a deterrent to anyone interested in becoming a nurse.

I said that I would try to find out if this condition existed today and if it existed during the period 1945 to 1950.

Can you tell me on what basis students are accepted at Massachusetts General Hospital today and during the 1945-1950 period. Were they required to pay an entrance fee, and if so, how much was it for the three year training period and did the students receive a salary of any amount while in training during 1945-1950 and do they receive any salary today.

Sincerely
Edward H Johnson

May 22, 1964

Mr. Edward H. Johnson
66 Sprague St.
Dedham, Mass.

Dear Mr. Johnson:

I think perhaps your group needs to have a little more up-to-date information about the costs of nursing education, in order to show you why students could not very well be paid, or be freed from the payment of fees.

When I was a student in the School of Nursing some forty years ago we worked long hours and had very little education and very little teaching. We were turned out into a medical world in which at that time with effort we could nurse, but we needed continuing education in order to do so. At that time it was true that the hospital capitalized on the services of the students as they learned by the apprenticeship method in the wards of the institutions everywhere.

Today the whole situation in nursing is different, in large part because the whole situation in medicine is different, and a program such as I had, today, would by no means prepare even a practical nurse in the 1960's and 70's.

I can best illustrate all of this perhaps by our School of Nursing. In 1932 the Hospital here had a Cost Study done by a reliable firm of accountants to try to discover what the cost of the School of Nursing was to the Hospital. At that time it was found that after the student fees, which were very small indeed - I think $50.00, had been deducted and the credit had been given for all charges against the School in any way, including uniforms, books, maintenance, teaching, etc., the Hospital netted $100,000 annually on its School. Another Cost Study was done in 1959 which was completed in 1960. At that time we found that with the students' shorter hours, and with the increased teaching necessary to turn out a proper product today, the cost of our School has risen very markedly. The students at that time were paying $1,400 for the total of their three-year period in the School. About $100 of this was for uniforms, and approximately $70.00 for books. The remainder was for tuition and fees. When we subtracted this $1,400 and when we gave credit in terms of money for the patient care given as the students learned

on the wards, we found that the student costs the Hospital annually $1,300, or a total of $3,900 by graduation. This is perhaps a little larger than in some other instances, since we do give the senior students a stipend of $30 a month, so that the senior student can be so-to-speak independent, having her board, room, uniform laundry, and her spending money. However, our fees have also gone up now, since the Hospital could not afford to carry this large amount. We have added $500 more to tuition, and board and room charges for the first six months when the student makes absolutely no contribution to patient care at all. With increased salaries for personnel, teachers and others in the School, I do not know now how this balances off, and another Cost Study must be done very shortly.

The student in the School of Nursing today is a student. She spends almost entirely her first six months in the class room, with a little "laboratory experience" on the wards under close tutorial type supervision by the teacher. The second six months, and all of her second year, she has a clinical practice week of twenty-four hours, two days which include twelve hours of class, and two days which are free. In her senior year she contributes thirty-six hours each week on the wards to patient care. This is the only year in which she anywhere nearly approaches a contribution to the Hospital which would cover her cost.

Our picture is not at all different than others, in fact smaller schools where costs cannot be distributed quite as widely over a large group of students are even more expensive. You might very well ask why we continue to run a school. The colleges are now opening schools, there are almost two hundred four-year basic college programs in nursing in the country, and there are a growing number of two-year junior college programs in the country - I think at the moment approximately eighty. The question is very rightly put to the Hospital, why does it increase its costs by conducting these nursing schools which are expensive. The answer of course is that we need the graduates. The value of our School lies very much in the fact that each year we get back approximately 65 or more graduate nurses ready for bedside nursing or operating room nursing. Although we hire a much larger number than this it would without doubt be impossible for us to staff the Hospital each fall if we did not have the School of Nursing.

In the country as a whole we are all striving to increase the number of nurses, but I think you will find that where the school costs are low the program cannot be as good and the result is that this is the school which does not get the large number of students. We are all very much aware of the need and we are all in contact with scholarship opportunities for girls who cannot afford to pay the full fees. This I think you will find is true everywhere. I have been told, though I have never checked it, that scholarship funds are not used to their full extent in this area by nursing schools. Mrs. Dorothy Hayward, who is the nurse with the Nursing Council of the Greater Boston United Community Services would I know be glad to talk with you further about all of this, or if I can answer any further questions please do not hesitate to ask me. I am very conscious of all of this and very much concerned for the patients in our country with our present shortage of nurses.

Sincerely yours,

Ruth Sleeper, R.N.
Director, School of Nursing

RS:DF

December 7, 1964

J. E. Sharpe, M. D.
Executive Director
Toronto General Hospital
Toronto, Ontario
Canada

Dear Dr. Sharpe:

Doctor John H. Knowles, General Director of the Massachusetts General Hospital, has referred your letter of November 23 to me. I presume he intended me to answer it.

Our intensive care areas are still decentralized. We have, however, in our medical building which holds over one hundred, an eighteen bed ward which receives the patients who are most critically ill. This, for the medical ward building, is in a sense one central area. When we built the surgical building in 1939 we were of the impression that we no longer wanted a single, centralized intensive care unit for ward surgical patients, and consequently on each one of the floors in that building we placed from six to eight beds in one area with the facilities which were necessary for intensive care. A few years ago in the private unit we opened a six bed critical care unit for patients with respiratory failure. These patients do not interchange with other critical care units but once on that unit stay there until ready to return to their normal patient surroundings. There is talk now of more intensive care beds on Neurology and we are studying the possibilities of the addition of four beds on a twenty-nine bed neurosurgical-neurological floor. We expect, if we can make all the proper arrangements, to have this open before too long.

At the present time the Hospital is planning a new building which is really a patient service building, with operating rooms, physical therapy, blood bank, admissions, and some laboratories which serve the patient units. There has been a kind of demand for a large intensive care unit in that building, but at the present time no space has been set aside for this. However, there will be unused space purposely planned not to be used when the building opens, and it is possible , therefore, that some such centralized intensive care unit could be located in this building.

One of our problems of course is that now the tendency is to leave the surgical patients who need intensive care in the Recovery Room for too long a period. This is especially why we are considering the reassignment and rearrangement of four of the beds on the neurosurgical unit for intensive care.

As I have described this I trust I have made it clear that these are in different buildings - that the medical unit comes under the Medical Service in the medical ward building, each of the two teaching services having an equal number of beds to assign, and that in the surgical ward area the beds are divided so that each service floor has its own. There are none in the semi-private unit with the exception of the Recovery Room beds, but there most of the patients who are so ill are specialled and therefore the need is somewhat different although this does not answer the need for the doctor's quick services. In the private unit where the critical care for respiratory patients is located the anesthetist is in charge with the Residents having a rotating experience in the unit. Nursing plays a large part in each one of these as you would know it must. Our Recovery Rooms are adjacent to Operating Rooms.

As yet we have not yet had any notable problems with infection. I do sit as the nurse representative on the Hospital Committee on Infection Control, so I see the monthly report of the infections occurring after the patient enters the Hospital. We are of course working very hard to see that our record is maintained, and that the number of infections which do now occur, although very similar to the number which has occurred over the years, decreases. The representatives on the Infections Control Committee make a round in the wards twice a year in every ward unit, talking with the Head Nurse and Supervisor, and observing for themselves ways in which the control of infections might be better looked after. On this round is a representative of the surgical or medical staff, a representative of Hospital Administration of Nursing Administration of Dietary Department and of Housekeeping. At times a representative of Pharmacy is coopted, and also although the Assistant Director of the Hospital who makes the rounds is himself an engineer and in charge of maintenance, there are times when a member of the Maintenance Department also is invited. With this group is the Hospital Sanitarian who is also a member of the Infections Control Committee and upon whom we can call at any time for assistance with problems relating to possible contamination or infection.

I think that Doctor Knowles would have said to you, and I believe I have heard this discussed and report it correctly, that at the present time our distribution of intensive care areas does not affect the intern and residency program because the areas except for that in the private unit for critical respiratory care are under the control of the Residents. The Interns and Residents do rotate as I said above through the respiratory unit. We believe the nurse students and the Interns and Residents have with their Emergency Ward experience a very reasonable educational experience.

To summarize without repetition - the services which have intensive care "arrangements" are medicine with a ward, general surgery with beds on each floor in a seperate corridor, in single rooms and fully equipped for intensive care, and the respiratory unit which is completely shut off from other areas of the patient floor on which it is located.

I know this is one of the most pressing questions which the doctors put to us and one which is most difficult for us to answer because of the problems of space which is so hard to find, and the concern of all that we cannot nurse an area if it be opened. At the present time we have a reasonably good supply of graduate nurses and seem to continue to add slowly to the staff which will help us to avoid the sharp reduction when the drop-outs come after the first of the year.

If I can be of any further assistance to you please let me know.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

c.c. Dr. John Knowles

HARVARD MEDICAL SCHOOL

DEPARTMENT OF PSYCHIATRY
THE LABORATORY OF COMMUNITY PSYCHIATRY
GERALD CAPLAN, M.D., DIRECTOR

58 Fenwood Road
Boston, Massachusetts 02115
REgent 4-3300, ext. 551

August 20, 1965

Miss Ruth Sleeper
Director
Nursing School
Massachusetts General Hospital
Fruit Street
Boston, Massachusetts

Dear Miss Sleeper:

I have carefully reviewed my program for the coming year and I am reluctantly forced to the conclusion that I simply do not have the time to continue my consultant activities with the Nursing Division of the Massachusetts General Hospital. I am very sorry indeed that I am forced to interrupt my meetings with you and your colleagues as well as with the nursing supervisors. Apart from their value, I am sure you know how much I personally enjoyed these meetings.

I hope that my commitments may lighten in the future and I may then be able to renew my collaboration with you and your colleagues. Please give my kindest regards and very best wishes to Miss Lepper and the Assistant Directors, as well as to the nursing supervisors.

With kindest regards.

Yours sincerely,

Gerald Caplan

Gerald Caplan, M.D.
Clinical Professor of Psychiatry

GC.1

cc: Dr. Erich Lindemann

August 27, 1965

Gerald Caplan, M.D.
Clinical Professor of Psychiatry
Harvard Medical School
58 Fenwood Road
Boston, Massachusetts 02115

Dear Dr. Caplan:

You will know from your contacts with us all that the news in your letter was received with great regret. We, too, have not only enjoyed the meetings, but we have found them personally helpful and helpful to us as a group. We do realize, however, that you have given a great deal of time to us already, and that we should have learned how to look at problems ourselves. We have also realized that we were growing very repetitive, and that if you had been able to come this year we needed to sit down to rethink the purpose of these meetings and to try to make plans which would be more productive for us and perhaps more satisfying for you.

We have not yet made any definite plan for the year. At the moment we shall start out without such assistance, but it may be as the year goes on we shall feel the need of it, and will then turn either to Doctor Nemiah or to the new Chief after he is appointed.

I cannot express in a letter such as this the appreciation which we have all felt for your willingness to give us the time and for your thoughtful and helpful consideration of our problems. I do hope we shall have opportunity to see you at some time so that we can each individually say our thanks.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

August 27, 1945

Dr. L. L. Williams, M.D.
Associate Professor of Urology
Western Reserve School
of Medicine
Boston, Massachusetts 02115

Dear Dr. Williams:

You will know from some conversation with Dr. Hall that I had hoped to have your letter was received with great regret, but, too, hoped not only on behalf of the Institute, but in the same time personally, that you and Mrs. Williams would be able to realize, however, that you have given a great deal of thought to the matter, and that we should have learned how to do problems correctly. We have also realized that we were putting very respectively, and that if you had been able to come this year we needed to sit down to review the programs of the institute and to try to make plans which would be more productive for us and perhaps more satisfying for you.

We have not yet made any definite plan for the year. At the moment we shall have out [illegible] such arrangements, but it may be during the year somewhere we shall feel the need of it, and will then turn to your talent and memory to be sure that [illegible] matter is accomplished.

I cannot express to a layman such as I the appreciation which we have all for your willingness to give us the time and for your thoughtful and [illegible] consideration of our problems. I do hope we shall be opportunity to see you, if you have time so that we can [illegible] personally say our thanks.

Sincerely yours,

Frank Slocum, M.D.
Director of the School of Nursing
and Nursing Service

MERCY HOSPITAL
144 STATE STREET
PORTLAND 3, MAINE

August 27,1965

Miss Ruth Sleeper
Director
Nursing Service and School of Nursing
Massachusetts General Hospital
Boston, Massachusetts

Dear Miss Sleeper:

Having become involved in a problem in this 210 bed, general, hospital, which is leading to serious consideration of how to best assign administrative responsibility, (as regards nursing service and nursing education) we are interested in securing some good advice on the matter.

Our hospital is accredited by the Joint Commission on Accreditation of Hospitals, and our School of Nursing has national accreditation with the National League of Nursing. We have an enrollment of 150 students.

The administrative responsibility of the school of education and nursing service has, for years, been well carried by the Director of Nursing. This person is a Sister Nurse, with a Master's Degree in the nursing field. Sister has qualified assistants (Master's Degrees) in both service and education, also a nurse coordinator who is assistant to the above mentioned assistants.

Up to now this arrangement has worked out very well, but due to the work load and responsibilities becoming heavier this year and perhaps more demands being made on the School of Nursing educational program, there is some feeling that a separation of Nursing Education and Nursing might be beneficial for us.

The Sister Director of Nursing and I are a bit apprehensive about such a move and we should like very much to have your opinion on the subject. We feel confident that with your wide experience in nursing, and your knowledge of nursing trends as they are today, your opinion will be of great assistance to us in helping to decide what is best for our hospital.

I should have stated for your information that ours is a three year diploma school.

Sincerely, and with much appreciation for your attention to our problem.

Sister M. Annunciata J.
SISTER M. ANNUNCIATA J.
Administrator

smaj:f

September 3, 1965

Sister M. Annuciata J.
Administrator
Mercy Hospital
144 State St.
Portland 3, Maine

Dear Sister:

I wish I could wave a magic wand and answer this question for you, as well as for us here and nurse directors in other hospitals and schools.

I have seen this work well both ways. I have seen it with a Director of Nursing and a Director of Education with equal authority in their own areas, and because of personalities, will to do, and interest in the over-all goal able to work together and each to supplement, compliment, and really enhance the other's efforts and success. I think I have seen more situations where this type of organization ended with conflict between these two women, each professionally jealous for her own area, and each unwilling to see the whole or to offer the give and take which close cooperation and coordination must require. This question must be answered some day before too long in this School.

When I came into the Director's position in 1946 the question was carefully considered. There were two of us who had been assistants, one with more experience in nursing service and I with more experience in nursing education. I had been here some six or seven years longer than the other assistant, but we had been in the School of Nursing together and were excellent friends. The Director of the Hospital at that time said he would prefer to talk to one person when it came to a final decision. That if we got into a situation where we could not agree, then he the Hospital Administrator would have to make the decision, and that would take a nursing decision out of the hands of the nurses. After thinking it through at that time we decided to stick to the then present organization and the second nurse became my Associate. Actually, she has really run the nursing service, but because we have both had a goal of the patient in mind, and the welfare of the student, we have had no problems. We argue, but we are always able to resolve and to find a solution which is fair and equitable to both sides.

I do think the strain of the school in a large hospital is getting very heavy for the person who must consider nursing service. I think the education must have time which the nursing service-minded person perforce cannot give. I think we are headed for some difficulties and perhaps the solution may eventually have to be two people. I am not sure whether the time for it is now. As I said, I wish I could be helpful. My best personal wishes to you.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

I do think the action of the school in a large hospital is getting very heavy for the person who must consider nursing service. I think the education must have time which the nursing service-minded person perforce cannot give. I think we are headed for some difficulties and perhaps the solution may eventually have to be two people. I am not sure whether the time for it is now, as I said, I wish I could be helpful. My best personal wishes to you.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

R.S.:ST

THE SHEPPARD AND ENOCH PRATT HOSPITAL

TOWSON 4, MD.

R. W. GIBSON, M. D.
MEDICAL DIRECTOR

H. M. MURDOCK, M. D., ADMINISTRATOR

September 17, 1965

PLEASE ADDRESS COMMUNICATIONS
CONCERNING PATIENTS TO
MEDICAL DIRECTOR

Miss Ruth Sleeper
Director of Nursing
Massachusetts General Hospital
Boston, Massachusetts

Dear Miss Sleeper:

It has come to my attention that your diploma school of nursing students spend the third year of their nursing education in a sort of internship program and are paid a stipend per month.

Whether this information is entirely accurate I do not know, but I would appreciate information you may be willing to impart as to whether such a monthly stipend could be construed as payment of the nursing student by the hospital for services performed. Perhaps Massachusetts does not prohibit students being paid for their work as nurses. Whether or not this is so, could you tell me how this payment is made- by whom, etc.--and what interpretation you place on it--whether as educational grant, or the like.

Thank you so much for any pertinent information you may be able to give me.

Most sincerely,

Kathryn S. Bixby

(Mrs.) Kathryn S. Bixby
Director of Nursing

k

September 28, 1965

Mrs. Kathryn S. Bixby
Director of Nursing
The Sheppard and Enoch Pratt Hospital
Towson 4, Md.

Dear Mrs. Bixby:

The history of our present plan for the School goes back to the years of the Cadet Nurse Corps. During the War, even though we had had to make such hurried curriculum plans, we found that there was great satisfaction as well as a tremendous amount of very positive learning which occurred in those last six months free from classroom complications. Consequently, during the War period when we could take time to talk about our future we talked about two things. One was the possibility of a two-year program. This we gave up without even approaching the State, because we felt that it would be unfair to the students, in the state in which nursing existed in the country, to graduate them with as little skill or with as little readiness to apply their knowledge as they would have at the end of the second year.

Consequently we started on a different tack, placing for the most part the required courses including practice in the first two years, and then developing the last year into what we originally did call an "internship." However, later on the accrediting group at the NLN defined "internship" and since we did not meet their definition, we have simply called ours the "senior period." But it has the same general puspose and that is to help the student grow up, personally, professionally, socially and judgmentally. Since we started this, almost merging the program with the Cadet Nurse Corps plan, we kept on some of the features we had liked and one of these was the stipend. We did not give it to all students, we gave it only to the seniors. The idea was that if we were to help them to develop socially they needed to have somewhat more money in order to take advantage of some of the social opportunities in the Greater Boston area. Consequently they get a stipend of $30.00 a month, and of course being students they still are given their board and room. The stipend is $30.00 a month for twelve months of the year, which includes the vacation.

In the first two years they complete, as I say, the major portion of the State requirements. We do not however have Operating Room until the third year since we have several affiliated groups who need the Operating Room experience, and it would be difficult to fit

it into the second year without overcrowding the Operating Room at times when the affiliating students must also go in. So we left this until the third year. It made very little difference to us really, except it was helpful in scheduling, and of course it pleased the doctors to have the older students there instead of the second year group who are so young the first part of the year.

In the third year, and I can send you a catalogue where this is described briefly, they have a kind of general review in medical-surgical nursing during their orientation period in August, and during the first 6-8 weeks of the senior year. Then this is followed by assignments in medical and surgical nursing, with every student having some intensive care unit experience which she has not had before, with every student having her evening assignments and her night assignments that she has not had before, with everyone getting a planned experience in team leadership, and of course the four weeks vacation. This about completes the year. The classes more or less parallel these subjects. There are advanced classes in advanced nursing, there are conferences on the ward to relate their ward activities to their learning, there are some Professional Adjustments (that is the modern era in history, and those aspects of Professional Adjustments which relate to graduation, and to life as a graduate nurse), there are classes in leadership and in disaster nursing. The students get their Civil Defense certificates for the disaster nursing course.

We do not consider the $30.00 a month as pay - we consider it only a stipend. However, in Massachusetts it is possible for a student to work and be paid for her work. With us, students may not work before the end of nine months in the first year. After that, until the beginning of the third year a student may work no more than 4 hours a week. In the third year she may work 8 hours in one week. Or, if she chooses to in her second and third years she may work some during her vacation, but she must have a minimum of three weeks vacation without work. I think the catalogue will give you the rest of this.

I can honestly say that we have not been looked upon entirely with approval for this, any more than has the Saint Luke's-Presbyterian program in Chicago. But I think both of us have found that this senior period is one of the most valuable periods in a student's experience. In fact, when we do a check-up after one or two years out of the School, this is the period which the students describe as being the most valuable in preparing them for practice.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

2465 Tratman Avenue
New York, N.Y., 10461
October 11,1965

Miss Ruth Sleeper,R.N.
Director of Nursing and Nursing Service
Massachusettes General Hospital
Boston, Massachusettes

Dear Miss Sleeper:

I am currently engaged in a study of Nursing Education practices as part of a project for my course in History of Nursing at Columbia. Some time ago, when I requested a catalogue from you for my office files, I noted that the Nursing program had an expereince in it designated a nursing internship.

I would like to know if this program is still in effect, if you think it a success, and, possibly, if you refer to publications on the subject. I would appreciate this very much.

I have also heard it rumored that my alma mater, McLean, is going to close its School of Nursing and would like to know if it is true. Is McLean going the way of the "small school" which was the target of so much fire in the early '50%S? Personally, I would hate to see the old school pass.

I hope my request will not prove burdensome to answer. I shall be most grateful for any infromation or direction you might be able to give me in this matter. I took the liberty of writing directly to you as it was your program and, I felt, you could best tell me how it fared.

Sincerely yours,

John Gold, RN

John Gold, R.N.
McLean '50

October 18, 1965

Mr. John Gold, R.N.
2465 Tratman Avenue
New York, N. Y., 10461

Dear Mr. Gold:

First of all, about the internship. Beginning in 1948, I think it was, we did have an internship, so-called, which was the third year of our program. It was set up as nearly as we could set up an internship when it was in our own situation, rather than as for medicine a plan whereby the student graduated and then was assigned for a period of practice in a frankly service type of institution. We kept the name because we liked the philosophy it implied until about two and a half years ago. At that time the accreditation policy for internship was defined, and we no longer fitted it. Therefore, instead of changing our program we changed the name. So we now refer to the third year simply as the "Senior Year." It includes a schedule of assignments to clinical services which will supplement and complement the student's earlier assignments, and which also lead into increasing responsibilities. At the time of graduation, therefore, the student should be at the level of the beginning graduate nurse in her practice.

In addition to this there are certain classes which parallel the experience, and certain classes which are definitely in advance of or complementary to the experience. For instance, Disaster Nursing is taught at this time and the students get their State Civil Defense certificate for it. They also have their classes in leadership and their assignment as Team Leader at one period. They have their night and evening assignments at this time when the leadership fits as well as her readiness to take on more advanced responsibilities and when her knowledge has been increased somewhat by the course in Advanced Nursing.

It is true that McLean has now announced the closing of their School. The last class was admitted in September, 1965. I think it was not because they felt that they were in a sense criticized for being small, but rather on the basis of two factors - one of cost, because the costs are very high for a small school, and as you doubtless also know both the accrediting policies as well as the State Board policies today require that a school send its own teachers with the students for at least three out of the five major services. This meant that McLean of necessity had to

October 14, 1965

Mr. John Doid, M.D.
2865 Thelma Avenue
New York, N. Y., 10461

Dear Mr. Doid:

First of all, about the interneship. Beginning in 1961, I think it was we did have an internship, so-called, which was the third year of our program. It was put up as nearly as we could put up an internship then it was in our own situation, rather than as for medicine a plan whereby the student graduated and then was assigned for a period of practice in a family service type of institution. We kept the name because we liked the philosophy it implied until about two and a half years ago. At that time the accreditation policy for internship was defined, and we no longer fitted it. Therefore, instead of changing our program we changed the name. So we now refer to the third year simply as the "Senior Year." It includes a schedule of ward rounds in clinical services which will supplement and complement the student's earlier assignments, and which also lead into increasing responsibilities. At the time of graduation, therefore, the student should be at the level of the beginning practitioner in her practice.

In addition to this there are certain classes which parallel the apprentice, and certain classes which are definitely in advance of or complementary to the experience. For instance, Obstetrics Nursing is taught at this time and the students get their state Civil Defense certificate for it. They also have their classes in leadership and their assignment as team leader at one period. They have their night and evening assignments at this time when the leadership role as well as her readiness to take on more advanced responsibilities and when her knowledge has been increased somewhat by the courses in Advanced Nursing.

It is true that Jersey has now announced the closing of their School. The last class was admitted in September 1965. I think it was not because they felt that they were in a sense criticized for being small, but rather on the basis of two factors - one of cost, because the costs are very high for a small school, and as you Committees also know both the accrediting policies as well as the State Board policies today require that a school have its own teachers with the students for at least three out of the five major services. This meant that Jersey of necessity had to

add instructors who came in here for the medical and surgical experience with the students. The second factor, as I understand it is that McLean's program in patient care is changing extremely radically today, and what they would like very much to have are psychiatric nurses with more advanced preparation than the three-year school can give, even as yours was organized. We are all sorry. This is now about the fifth school in this area which has announced its closing. Beth Israel took no class this year, and is to open up its facilities as they graduate the previous classes to the new Northeastern program. Massachusetts Memorial as you doubtless know closed their school several years ago to make more space for the Boston University program. And then in addition there are several smaller schools which have also closed.

Personally I believe the graduate of the three-year school is going to be needed for a very long time. The two-year programs are starting in New England, but thus far wherever they have started, and this includes California too, the numbers per school are small, and our need is not for more small graduating classes but for more larger graduating classes if we are going to take care of patients. It is very interesting to see, if you compare it, that in this area where we have a higher proportion of three-year schools then in other parts of the country (that is the Northeast area) we also have the higher ratio of graduate nurses to patients. Whether there is as definite a relationship as I have implied I do not know, but certainly it looks as if there were some significance.

I am glad to hear from you, and hope you are having a good year at study.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

and instructors who come in here for the medical and surgical experience with the students. The second factor, as I understand it is that Michigan's program in psychiatric nurse is changing extremely rapidly today, and what they would like very much to have are psychiatric nurses with more advanced preparation than the three-year school can give, even as they are organized. We are all sorry. This is not about the fifth school in this area which has suspended its training. I felt I had took to close this year, but it is no open up the facilities as they graduate the graduate classes to the new instruction program. Massachusetts temporarily as you mentioned have closed their school several years ago to make more space for the Boston University program. And then in addition there are several smaller schools which have also closed.

Personally I believe the graduate or the three-year school is going to be needed for a very long time. The two-year programs are starting in New England, but this far wherever they have started and this includes California too, the number per school are small, and our need is not for more small graduating classes but for more larger graduating classes. If we are going to have one of patients. It is very interesting to see, if you compare it, that in this area where we have a higher proportion of three-year schools than in other parts of the country (that is the northeast) we also have the higher ratio of graduate nurses to patients. Whether there is a definite relationship or I have implied I do not know, but certainly it looks as if there were some significance.

I am glad to hear from you, and hope you are having a good year at study.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

FORM 4625

Henry Ford Hospital
School of Nursing
2799 WEST GRAND BOULEVARD
DETROIT, MICHIGAN 48202

October 6, 1965

Miss Ruth Sleeper, Director
Massachusetts General Hospital
School of Nursing
Fruit Street
Boston, Massachusetts 02114

My dear Miss Sleeper:

The faculty of the Henry Ford Hospital School of Nursing is interested in obtaining information about programs that have been specifically designed to motivate the student nurse toward optimum performance in the clinical area.

If you have successfully adopted such a program, may we have a brief description of the program, including methods of implementation and evaluation? Are special awards or privileges granted to students who continue to achieve at a superior level?

We are sending this letter of inquiry to a selected group of diploma schools of nursing. If you are interested, we would be pleased to share with you a summary of the information received.

Your cooperation will be greatly appreciated.

Very truly yours,

Eleanor A. Dingman

Eleanor A. Dingman
Guidance Counselor

EAD/fr

October 20, 1965

Miss Eleanor A. Dingman
Guidance Counselor
Henry Ford Hospital
School of Nursing
2799 West Grand Boulevard
Detroit, Michigan 48202

Dear Miss Dingman:

I am not sure whether we have done anything which would be helpful to you or not.

During the war we watched with great interest the effect of the Senior Cadet period on senior students in the School of Nursing. We also watched with considerable interest and concern sometimes the effect of the telescoping of the curriculum which had to be done so hurriedly on the young students. Our conclusion at the end of the time was that there was value in the rearrangement of the curriculum so as to leave a period free in the last year for the student to concentrate on her clinical growth. We considered all kinds of plans; the two year plan which I doubt the State would have let us have if we had asked, but we considered it. We considered then in lieu of it, believing that our choice was a sounder one, a plan with the first two years emphasizing the educational status of the student and the third year emphasizing what we then called an "internship" status. We gave up the name "internship" because the National League for Nursing defined internship and we did not meet the definition. We preferred to keep our program rather than to waste time worrying about the title of it, and consequently we now call it simply the "senior year" or "senior period" and have proceeded to develop the program in which we believe.

At the end of the first two years the students have completed essentially all of their program with the exception of a few medical days, the operating room nursing, and a few classes. We began with an eight months senior period but we now have a twelve months senior perio, with the last four weeks of the second year devoted to a beginning orientation to this period. The purposes of the third year are to help the student to grow professionally,

October 20, 1966

Miss Eleanor A. Hippen
Auxiliary Counselor
City Park Hospital
School of Nursing
2525 Rose Creek Boulevard
Detroit, Michigan 48203

Dear Miss Hippen:

I am not sure whether or not I have anything that would be helpful to you or not.

During the year we endured with great interest the efforts of the senior Cadet period on various students in the School of Nursing. We also made it with considerable interest and courage something the effect of the takeoffs of the curriculum which had to be done by partially on the young students. Our conclusion was that at the time we felt there was a value in the restructuring of the curriculum so as to issue a period free of the lack pressure the student to concentrate on her clinical growth. We constructed all kinds of plans. With a year's plan which doubtless would have worked had it been asked, but we considered it. We considered also in that it, believing that our students was a genuine one, a plan with the first two years emphasizing the conceptual study of the students and the third year emphasizing what we called in "transmission" status. We gave up the name "transition" because the national image for nursing contained transition and we did not meet the definitions. We worked on our program rather than be waste time worrying about the title on it, and consequently we now call it simply the "senior year" in senior period and have proceeded to develop the program in which we believe.

At the end of the first two years the students are overwhelmingly all of their program. Gone the exception of a few medical days, the courses from nursing, practice classes, they begin with an eight month senior period but do not have a twelve month senior period, with the last four weeks of the second year devoted to a beginning orientation to that period. The program of the third year are to help the student to "see professionally"

socially, and personally, in skills, judgment and in knowledge. The first two years her assignments, her time, etc., are made out by a teacher and there will always be approximately one teacher to six students on the wards. In the third year we gradually move from a one-six ratio, but now students perhaps on two wards per teacher, to one-fifteen or sixteen on several wards. In the very latter part of the year it can be one-twenty or more students per teacher. In the third year the head nurse makes the assignment. The teacher is available for teaching, assistance, supervision, but the head nurse carries the primary responsibility. The head nurse writes the evaluation - the teacher adds to it too, so that it has assured value in the educational program. It is in the third year that the student has her intensive care experience, her night and evening experience, her leadership experience, and her operating room. It is the intent in the third year to give the student a longer period on an assignment so that she gets more of the feel of the situation, in a sense almost begins to put down roots with the rest of the staff. Her classes are pertinent. She has advanced nursing classes, leadership classes, disaster nursing classes, and some professional adjustments. When she is in the operating room of course she has those classes.

We have found that the students themselves in evaluating this third year, although they are frightened at the beginning of it and feel very concerned about their responsibilities, at the end of the year they have managed to pull themselves up to meet the demands of the graduate nurse and they are then quite unanimously inclined to say that this is the best part of their nursing school experience.

We have not set up any special plan for motivation. Our grants-in-aid for students in financial need are given in the spring. In October at our School Convocation a small number of grants, usually gifts from the alumnae, are awarded to the seniors and juniors who stand hightest academically in their class work and who have achieved excellence in clinical nursing. We are this year about to undertake an honors list but it is very new and has not yet been tested out. We have wanted something like this, however, for some time.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

socially, and personally, in skills, judgment and in knowledge. The first two years her assignments, her time, etc., are made out by a teacher and there will always be approximately one teacher to six students on the ward. In the third year we gradually move from a one-to-six ratio, but now students work on two wards per week, the one-hour lecture on nursing arts. In the very latter part of the year it can be observed by more students per week. In the third year the head nurse made the assignment. The teacher is available for instruction, assistance, supervision, but the head nurse carries the primary responsibility. The head nurse writes the evaluation - the teacher adds to it, so that it is a combined value in the educational program. It is in the third year that the student has her highest nursing experience, nursing at and evening experiences, her leadership experience, and her operating room. In the fourth year the third year is then the student's last year on a ward where she is in the role of the head or the director. In a sense almost she is not long enough with the ward to the staff, for diagnosis and treatment. Also in advanced nursing classes, medical nursing, surgical nursing, maternity nursing, and more professional adjustments, she is in the operating room or out in the community.

Students found that the students themselves by graduating this third year, although they were tired and the demands of it are very concerned about their responsibilities, at the end of the year they have manage to pull themselves up to meet the demands of the good graduate nurse and they are then quite an unusually qualified to say that this is the best part of their nursing school experience.

We have not set up any special plan of motivation. Our grants-in-aid for students in financial need are given in the spring. In October at our school convocation a small number of grants, usually slips from the finance, are awarded to the seniors and juniors who attend although not outwardly in that class. Very few who have outstanding excellence or national interest. We are this year about to institute an honors list but it is very new and has not yet been in use. We have needed something like this, however, for some time.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RSSP

BOSTON UNIVERSITY MEDICAL CENTER

UNIVERSITY HOSPITAL

750 HARRISON AVENUE, BOSTON, MASSACHUSETTS 02118

October 27, 1965

Miss Ruth Sleeper, Director of Nursing
Massachusetts General Hospital
Fruit Street
Boston, Massachusetts

Dear Miss Sleeper,

We have been discussing possible means for recruiting more nurses on all shifts. I believe that you either have or have had a "nursery" type program for the children of your nurses.

I would appreciate any information you could supply me regarding the advantages and disadvantages of offering such a service.

Thank you for your assistance.

Sincerely yours,

Alice P. Fuller

Alice P. Fuller
Associate Director,
Nursing Service

November 5, 1965

Miss Alice P. Fuller
Associate Director,
Nursing Service
University Hospital
750 Harrison Avenue
Boston, Massachusetts

Dear Miss Fuller:

Our experience with a "nursery" type program for the children of our nurses dates back to the period almost directly after the War. At this time we were of the opinion that if we could provide proper facilities for small children we could secure more graduate nurses, very badly needed in the Hospital Nursing Service.

We set up what seemed to be a good plan with a trained nursery worker in charge and with volunteers as assistants to work with her. Our situation was not ideal, but could easily have been improved if we had found the program worth continuing. The location, however, was spacious enough and had easy access to the yard so the children could be taken out for fresh air and play outside.

I cannot remember exactly how long we operated the program but I do know that we never had enough nurses leaving children there to be of real value or to in any way compensate for the cost. Finally when we arrived at the point where just one nurse was leaving three children we decided that economically we could not continue it.

Other people in other places have had better results than have we. We tried to find out the reasons why our plan did not succeed and they seemed to be related primarily to the distance which the nurse must bring the children in order to leave them and work here. It meant either an automobile trip of considerable length from one of the suburbs, or a street car journey in which the child or infant might well be exposed to infections, colds, measles and the like.

We did not open this service up to any in the Hospital except nurses. Other people applied to us but since this was being run with nursing service funds for the primary purpose of securing nurses we did not feel we could take the time and the effort, or provide the personnel for an enlarged program which would have served largely doctors and workers in the Hospital

I have often wondered if we should consider the situation again, but at the present time we seem to be staffed well enough so that we are not considering this particular type of alternative.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

COLUMBIA HOSPITAL
OF RICHLAND COUNTY
2020 HAMPTON STREET
COLUMBIA, S. C. 29204

April 22, 1966

Please say have none
but tried at end of war
but as we are located
in midst of city, far away from residential areas
seemed to hesitate to
bring children so far
consequently we had
too few children
to make operation
of such a service
worth while

Director of Nursing
Massachusetts General Hospital
Boston, Mass.

Dear Madam:

If you have a nursery and kindergarten for nurses' children and other hospital nursing staff, will you please send me materials such as: rules and regulations, equipment, personnel, hours open, prices and any other helpful information?

My Director of Nursing is interested in obtaining this information.

I am a nursing of children instructor in the Columbia Hospital School of Nursing.

I shall appreciate this very much.

Sincerely,

Minier Padgette
(Miss) Minier Padgette

MP/ald

April 25, 1966

Miss Minier Padgette
Columbia Hospital
of Richland County
2020 Hampton St.
Columbia, S. C. 29204

Dear Miss Padgette:

I am sorry to have to write you that we have no nursery for the children of the nurses on our staff. We tried to establish one at the end of World War II, but as we are located in the midst of the city, far away from residential areas, nurses seemed to hesitate to bring their children so far from home. Consequently, we had too few children to make the operation of such a service worth while.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

BF

THE CHESTER COUNTY HOSPITAL

500 E. Marshall St.
WEST CHESTER, PENNSYLVANIA

DEPARTMENT OF NURSING

JEAN M. REIDNOUR, R.N., M.S.
DIRECTOR OF NURSING

TELEPHONE: OWEN 6-7700

June 13, 1966

Miss Ruth Sleeper
Massachusetts General Hospital School of Nursing
Boston, Massachusetts

Dear Miss Sleeper:

I have an affectionate feeling toward the School of Nursing at the Massachusetts General Hospital. I was a student of two of your alumnae, Rose E. Griffin and Marjorie McLean, at Hanover, New Hampshire, and met Miss McCrae on more than one occasion through them. We used her textbook. Since coming to the Philadelphia area about twenty years ago, I have been a neighbor of another of your alumnae, Edith Kelsey Bernard of Westtown, Pa. Because of this relationship, I am writing as I would to my own school.

It has become my responsibility to set up and carry out the Overnight Visit Program which serves as one means of recruiting students for the School of Nursing of The Chester County Hospital. It occurred to me that a school which draws principally from another geographical area might be willing to share its experience in finding its students. Doubtless many of your applications come unsolicited, but if you do seek students beyond those would you be willing to share some of your publicity or to tell us what means you use?

As a sample of ours, I am enclosing a flier which we sent last fall to neighboring high schools for their guidance directors to post. Some years we have sent material to the school nurse, guidance director and/or principal. We have a form letter which we send to the high school student when we receive her application for the overnight visit. This indicates what to expect from the visit, gives her directions about when and where to arrive and depart, etc.

I would appreciate hearing from someone at M.G.H. in regard to your procedure.

Sincerely,

Mary-Frances B. James

Mary-Frances B. James, R.N.
(Mrs. Robert L., jr.)
Assistant in Nursing Office

June 17, 1966

Mrs. Robert L. James, Jr.
Assistant in Nursing Office
The Chester County Hospital
500 E. Marshall St.
West Chester, Pennsylvania

Dear Mrs. James:

I am afriad I am not going to be too much help to you but I will try to tell you what we do.

First of all, we do not have any overnight opportunities for incoming students or applicants because we do not have enough housing, and also because a sizeable number of our students still come from some distance away.

We do, however, have two Career Days, in the year. We have one in the Fall for Juniors and Seniors, and one in the Spring especially for younger students but older ones are of course welcome too. We run 300-400 prospective interests at each of these two sessions. We also have tried to have meetings of the high school counselors within reasonable distance, and the success of the counselor's meeting varies from year to year. This year, unfortunately quite unknowingly we set our date which conflicted with that of a college school, and our attendance of counselors was extremely small.

We make a point to contact the high schools through the distribution of our catalogue (which is approximately every other year) and through any other material which we have opportunity to send out. The mailing list is approximately 2,300, covering all of the schools in the Eastern part of the country and a few beyond the Mississippi from whom we have previously had a good applicant.

We also try to have contact with the high schools in a variety of ways; for instance, the names of students who receive honors are sent back to their high schools.

We have seldom published a flyer in the year between publication of the catalogue, but when this has been done it was sent to the approximately 2,300 high schools.

I am sure many of our students come to us referred by previous students or by alumnae of the School or by the medical staff, but this does not mean that we can afford to sit back without contacts with the high schools to keep them informed of our interest in their graduates. We do manage to interview almost 100% of the applicants either by having them come to the Hospital and School for a visit and an interview, or having a member of the Alumnae Association interview them in some more far distant sections of the country. Rarely a person in, for example Haiti, has been taken on the recommendation of a social worker who had met the girl and knew her circumstances, but since students from abroad are rare today, so also is the student who does not have an interview.

I am very glad to be of assistance to a friend of Rose Griffin, and also to be of assistance, if I can be, to another school working for the same purpose. Good luck to you.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF